

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original first and joint inventor (if plural names are listed below) of the subject matter for which a patent is sought on the invention entitled:

**"Process for rapid solution synthesis of peptides"**

the specification of which

[CHECK ONE]

☒ is attached hereto

☐ was filed on \_\_\_\_\_ as Application Serial No.

\_\_\_\_\_ and was amended on \_\_\_\_\_  
[if applicable]

☐ as filed under the Patent Cooperation Treaty on \_\_\_\_\_  
Serial \_\_\_\_\_ The United States of America being designated.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined Title 37, Code of Federal Regulations Section 1.56(a)

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign applications(s) for patent or inventor's certificate having a filing date before that of the application(s) on which priority is claimed:

| Prior Foreign Application(s) |           |                       | Priority claimed  |
|------------------------------|-----------|-----------------------|---|
| <u>01202753.8</u>            | <u>EP</u> | <u>19 / 07 / 2001</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Number                       | Country   | Day/Month/Year filed  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| _____                        | _____     | _____/_____/_____     |   |
| Number                       | Country   | Day/Month/Year filed  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| _____                        | _____     | _____/_____/_____     |   |
| Number                       | Country   | Day/Month/Year filed  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| _____                        | _____     | _____/_____/_____     |   |

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose to the patent and Trademark

Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application.

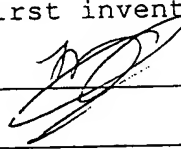
(U.S. Serial No.) (Filing date) (Status-patented, pending, abandoned)

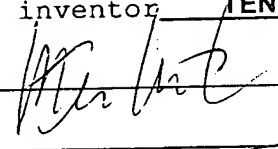
(U.S. Serial No.) (Filing date) (Status-patented, pending, abandoned)


And I hereby appoint as principal attorney, William M. Blackstone,  
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United States of America

I hereby declare that all statements made herein of my own knowledge are true  
and that all statements made on information and belief are believed to be  
true; and further that these statements were made with the knowledge that  
willful false statements and the like so made are punishable by fine or  
imprisonment, or both, under section 1001 of Title 18 of the United States  
Code and that such willful false statements may jeopardize the validity of  
the application or any patent issued thereon.

Full name of sole or first inventor EGGEN, Ivo, Franci  
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Full name of fourth joint inventor \_\_\_\_\_  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Residence and P.O. Address \_\_\_\_\_